

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 87d

06852

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH:

County CarolineCity or town Greensboro
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 9 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Greensboro
(If outside city or town limits, write RURAL and give nearest town)Street No. 131
(If rural, give LOCATION)2.(a) If veteran, name war World War II

3. (a) FULL NAME

Joseph Kemsley Bernard

3. (b) Social Security Number

217-03-59974. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife:

7. Birth date of deceased (mo., day, yr.) Aug. 30 1907 6. (c) If alive, give age _____ years8. AGE: Years 38 Months 10 Days 4 If less than one day _____ hrs. _____ min.9. Birthplace Greensboro Caroline Md.
(Town, county, and state)10. Usual occupation Salesman

11. Industry or business

12. Name Oscar Bernard13. Birthplace Maryland14. Maiden name E. Liza Sharp15. Birthplace Harrington Del.16. Informant Mrs. Fannie NobleAddress Greensboro17. Burial Date thereof 7/7/46
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory GreensboroLocation Greensboro, Md.18. Funeral director Raymond B. RawlingsAddress Greensboro, Md.19. July 8 19 46 L. M. Pinner
(Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 19 46 at 1130 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 19 43 to July 4 19 46and that I last saw him alive on July 4 19 46

Immediate cause of death

Multifactorial

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

Address Greenboro Md Date signed 7/9/46

RECEIVED

JUL 8 1946

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1642)

CERTIFICATE OF DEATH

06853

Reg. Dist. No.

63

1. PLACE OF DEATH:

County CarolineCity or town Bethlehem
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 50 years

Hospital, institution, or street address where death occurred:

Somer Road

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Bethlehem
(If outside city or town limits, write RURAL and give nearest town)Street No. Somer Road
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

James R. Christopher

3.(b) Social Security Number

None

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6.(a) Single, married, widowed, or divorced <u>Married</u>	
8.(b) Name of husband or wife <u>Velma Christopher</u>			
6.(c) If alive, give age <u>57</u> years			
7. Birth date of deceased (mo., day, yr.) <u>July 22, 1883</u>			
8. AGE:	Years <u>62</u>	Months <u>11</u>	Days <u>19</u>
	It less than one dayhrs.min.		

9. Birthplace <u>Fallston County, Maryland</u> (Town, county, and state)
10. Usual occupation <u>Postmaster</u>
11. Industry or business <u>U. S. Postoffice</u>
MOTHER FATHER
12. Name <u>Leah Christopher</u>
13. Birthplace <u>Caroline County, Maryland</u>
14. Maiden name <u>Melissa Meloughby</u>
15. Birthplace <u>Caroline County, Maryland</u>
16. Informant <u>Mrs. Velma Christopher</u> Address <u>Bethlehem, Maryland</u>
17. <u>Burial</u> (Burial, cremation, or removal. Which?) Date thereof <u>July 13, 1946</u> (month) (day) (year) Cemetery or crematory <u>Linchester Cemetery</u> Location <u>Near Preston, Maryland</u>
18. Funeral director <u>J. J. Frampton and Son</u> Address <u>Federalburg, Maryland</u>
19. <u>July 12</u> 19 <u>46</u> <u>C. D. Plummer</u> (Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1946 at 6 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 4 1941 to July 11 1946and that I last saw him alive on July 2 1946Immediate cause of death Self-inflicted gun shot wound to head.

DURATION

minutesDue to Mental Depression 15 yr.Due to Chronic Myocarditis 6 yrsOther conditions Old Corneal Occlusion 5 yrs

(Include pregnancy within 8 months of death)

Major findings of operations None

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide suicide Date of 7/11/46Where did injury occur? Bethlehem Caroline
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) HomeMeans of injury Gun Shot Injured at work? None23. SIGNATURE James R. Christopher
M. D. or otherAddress Bethlehem, Md Date signed 7/12/46

RECEIVED
JUL 15 1946
BUREAU V.C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

CERTIFICATE OF DEATH

06854

Reg. Dist. No. 61

1. PLACE OF DEATH:

County

City or town

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

9. Birthplace

10. Usual occupation

11. Industry or business

MOTHER

FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal) Which?

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

19 46 at 740 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw deceased alive on

Immediate cause of death

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed

RECEIVED

JUL 8 1946

BUREAU Y.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

CERTIFICATE OF DEATH

66855

Reg. Dist. No. 60

1. PLACE OF DEATH:
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....
 Hospital, institution, or street address where death occurred.....
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2(a) If veteran, name war.....

3. (a) FULL NAME Joseph W. J. Harris

3. (b) Social Security Number

4. Sex M **5. Color of race** W **6. (a) Single, married, widowed, or divorced** married

6. (b) Name of husband or wife Carrie

7. Birth date of deceased (mo., day, yr.) March 17, 1892 **6. (c) If alive, give age** 72 years

8. AGE: Years 74 Months 4 Days 6 hrs. min.

9. Birthplace Germany (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Joseph W. J. Harris

13. Birthplace Germany

14. Maiden name No record

15. Birthplace Germany

16. Informant Mrs. Carrie Harris

Address Greensboro Md.

17. (Burial, cremation, or removal, which?) Burial **Date thereof** July 26, 46 (month) (day) (year)

Cemetery or crematory Greensboro

Location Greensboro Md

18. Funeral director Raymond B. Rawlings

Address Greensboro Md

19. (Date rec'd by registrar) 7/25 46 **Registrar** A. Clark Smith

MEDICAL CERTIFICATION

2D. DATE OF DEATH July 23, 1946 at 9:05 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 46 to July 23 46

and that I last saw him alive on 7/23 1946

Immediate cause of death Certified Autopsy

Other conditions Significant lesions

Other conditions Cultural changes

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

Other conditions

RECEIVED

AUG 2 1946

BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH

06856

62

Reg. Dist. No. 3

1. PLACE OF DEATH:

County CarolineCity or town near Denton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town near Denton
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2(a) If veteran, name war _____

3. (a) FULL NAME

4. Sex F5. Color or race W.6. (a) Single, married, widowed, or divorced married8. (b) Name of husband or wife Martin T. Hulse6. (c) If alive, give age 30 years7. Birth date of deceased (mo., day, yr.) Aug. 2nd 18758. AGE: Years 70 Months 11 Days 09 If less than one day _____ hrs. _____ min.9. Birthplace Humble, Maryland
(Town, county, and state)10. Usual occupation at home

11. Industry or business

12. Name Charles Isaac13. Birthplace Maryland14. Maiden name Francis Callins15. Birthplace Maryland16. Informant Mr. Martin Hulse (husband)Address Bd. 1 Denton, Md.17. Burial (Burial, cremation, or removal) Which? Buried Date thereof 7-20-46
(month) (day) (year)Cemetery or crematory Caucord CemeteryLocation Caucord, Md.18. Funeral director J. Reginald Brown & SonAddress 11 Denton, Md.19. July 20 46 19. Dr. W. B. Johnson
(Date rec'd by registrar) Registrar

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17th 1946 at 11:10 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 10 1946 to July 17 1946and that I last saw him alive on July 16 1946Immediate cause of death Myocardial Degeneration DURATION

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. T. Chann M. D. or other _____Address Dorchester, Md. Date signed 7/17/46

RECEIVED

JUL 23 1946

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

06857

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

County Caroline
 City or town Benton - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 40 yrs
 Hospital, institution, or street address where death occurred:
Near American Corner
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Caroline
 City or town Benton Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Near American Corner
 (If rural, give LOCATION)
 2. (a) If veteran, name war None

3. (a) FULL NAME

Robert H. Holmes

3. (b) Social Security Number

None

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced Single
 6. (b) Name of husband or wife —
 6. (c) If alive, give age — years
 7. Birth date of deceased (mo., day, yr.) July 26th 1885
 8. AGE: Years 60 Months 11 Days 28 If less than one day — hrs. — min.

9. Birthplace Philadelphia, Pa.
 (Town, county, and state)
 10. Usual occupation Farm Laborer
 11. Industry or business General Farming
 12. Name No date
 13. Birthplace " "
 14. Maiden name No date
 15. Birthplace

16. Informant John R. Andrews
 Address Benton, Ind. R.F.D.
 17. Burial Date thereof July 26th 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Concord Cemetery
 Location Concord, Ind.
 18. Funeral director J. J. Frampton, Son
 Address Federalburg, Ind.
 19. July 26 1946 J. J. Frampton
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July - 24th 1946 at 8:00 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 4 1942 to July 24 1946
 and that I last saw him alive on July 1st 1946
 Immediate cause of death chronic myocarditis
 Due to Hypertension
 Due to —
 Other conditions —
 (Include pregnancy within 3 months of death)
 Major findings of operations —
 Date of op. —

Autopsy results —
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide — Date of —
 Where did injury occur? — (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) —
 Means of injury — Injured at work? —
 23. SIGNATURE Paul Motts Ind
 Address Benton Ind Date signed 7/25/46
 M. D. or other

RECEIVED
JUL 29 1946
BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30

CERTIFICATE OF DEATH

Reg. Dist. No. 6858 62

1. PLACE OF DEATH:

County Barabine
 City or town Hillsboro md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? about six years
 Hospital, institution, or street address where death occurred: no
 How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State md County Barabine md
 City or town Hillsboro
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. no
 (If rural, give LOCATION)
 2.(a) If veteran, name war no

3. (a) FULL NAME

Henry McAlain
 4. Sex male 5. Color or race a. a 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife Maggie McAlain
Went home 6.(c) If alive, give age Don't know years
 7. Birth date of deceased (mo., day, yr.) about 1882

8. AGE: Years Months Days If less than one day
about 64 hrs. min.

9. Birthplace Huntington Penn.
 (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Same as above

12. Name Henry McAlain

13. Birthplace Huntington Penn.

14. Maiden name Elizabeth Bleckman

15. Birthplace Huntington Penn.

16. Informant Amanda A. Britt

Address Ridgely md

17. Burial Date thereof July 24-1946
 (Burial, cremation, or removal Which?) (month) (day) (year)

Cemetery or crematory Sandtown

Location Hillsboro md

18. Funeral director James T. Stewart

Address Salisbury md

19. 7/25 19. 46 md O. J. Gunn
 (Date rec'd by registrar) Registrar

3. (b) Social Security Number

no

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 19 46 at md

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 46

and that I last saw h. in live on July 23 19 46

Immediate cause of death General paresis of the insane DURATION 10 days

Due to arteriosclerosis chronic

Other conditions arteriosclerosis chronic

(Include pregnancy within 3 months of death)

Major findings of operations arteriosclerosis chronic

Date of op. no

Autopsy results no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of no

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Kurt Lederer M.D.

Address 2222 N. Charles St. Baltimore 30 Date signed 7/22

RECEIVED

JUL 30 1946

BUREAU VI

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Line correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

 ★ 06859
 Reg. Dist. No. 64

1. PLACE OF DEATH:

 County... Caroline
 City or town... Federalburg - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 57 years
 Hospital, institution, or street address where death occurred:
Houston Branch Road
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

 State... Maryland County... Caroline
 City or town... Federalburg - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... Houston Branch Road
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Fannie A. McCotter

3. (b) Social Security Number

none

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Widowed</u>
6. (b) Name of husband or wife... <u>James H. McCotter</u>		
7. Birth date of deceased (mo., day, yr.) <u>February 12, 1866</u>		
6. (c) If alive, give age... years		
8. AGE: Years <u>80</u>	Months <u>5</u>	Days <u>18</u>
If less than one day hrs. min.		

 9. Birthplace... Philadelphia, Pennsylvania
 (Town, county, and state)
 10. Usual occupation... Housework
 11. Industry or business... Home
 12. Name... George C. White
 13. Birthplace... England
 14. Maiden name... Hannah Young
 15. Birthplace... Philadelphia, Pa.

 16. Informant... George E. Butler
 Address... Federalburg, Maryland, R.F.D.
 17. Burial Date thereof... August 3, 1946
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory... Beckel Cemetery
 Location... Near Federalburg, Maryland
 18. Funeral director... J.J. Frampton and Son
 Address... Federalburg, Maryland
 19. August 3 1946
 (Date rec'd by registrar) Registrar J.J. Frampton

MEDICAL CERTIFICATION

 20. DATE OF DEATH... July 31, 1946 at 7:45 P. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1, 1945 to July 31, 1946
 and that I last saw him alive on July 31, 1946
 Immediate cause of death... Chronic myocarditis
 DURATION... 5 yrs.
 Due to...
 Due to...
 Other conditions... Frosted aortic arch
Chronic myocarditis
 (Include pregnancy within 3 months of death)
 Major findings of operations...
 Date of op.

 Autopsy results...
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

 22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide... Date of...
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?
 23. SIGNATURE... Frank M. Anderson M.D.
 Address... Federalburg, Md. Date signed... 8/3/46

RECEIVED
AUG 10 1946
BUREAU V E

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 2002

CERTIFICATE OF DEATH

06860

Reg. Dist. No. 64

1. PLACE OF DEATH:

County Caroline
City or town Federalburg
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 minutes
Hospital, institution, or street address where death occurred:
West Central Avenue
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Federalburg - Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No. Denton Road
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME

Shirley A. Nichols

3.(b) Social Security Number

None

4. Sex <u>Female</u>	5. Color or race <u>Colored</u>	6.(a) Single, married, widowed, or divorced <u>Single</u>
-------------------------	------------------------------------	--

6.(b) Name of husband or wife

6.(c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) September 25, 1944

8. AGE:	Years	Months	Days	It less than one day
	<u>1</u>	<u>9</u>	<u>11</u>	
			hrs.	min.

9. Birthplace Seaford Delaware
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Leroy Nichols
13. Birthplace Sussex County, Delaware

MOTHER
14. Maiden name Alice H. Stanley
15. Birthplace Preston, Maryland

16. Informant Alice H. Nichols
Address Federalburg, Maryland, R.F.D.

17. Burial
(Burial, cremation, or removal. Which?) Date thereof July 9, 1946
(month) (day) (year)
Cemetery or crematory Federal Hill Cemetery
Location Federalburg, Maryland

18. Funeral director J. J. Frampton and Son
Address Federalburg, Maryland

19. July 9 19 46 J. J. Frampton
(Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 19 46 at 5:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19_____, to _____ 19_____, and that I last saw him _____ alive on _____ 19_____.

Immediate cause of death	DURATION
<u>Dead when seen by physician</u>	
<u>respiratory debility</u>	
<u>Unknown</u>	
Other conditions	
(Include pregnancy within 3 months of death)	

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work?

23. SIGNATURE Walter B. Johnson - acting med. M. D. or other Physician
Address Denton Date signed July 7, 1946

RECEIVED
JUL 11 1946
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 64

1. PLACE OF DEATH:

County Caroline
City or town Federalburg
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 16 yrs.
Hospital, institution, or street address where death occurred:
R.F.D.
How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Md. County Caroline
City or town Federalburg - Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2(a) If veteran, name war _____ no

3. (a) FULL NAME

HILDA M. SEIPP

3. (b) Social Security Number

none

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced married
B. (b) Name of husband or wife Charles C. Seipp
6. (c) If alive, give age 55 years
7. Birth date of deceased (mo., day, yr.) February 23, 1898
8. AGE: Years 48 Months 5 Days 6 If less than one day _____ hrs. _____ min.

9. Birthplace Preston, Md.
(Town, county, and state)
10. Usual occupation housewife
11. Industry or business _____
FATHER 12. Name August C. Marquardt
13. Birthplace Germany
MOTHER 14. Maiden name Amelia L. Schroeder
15. Birthplace Germany

16. Informant Chas. C. Seipp
Address Federalburg, Md.

17. burial Date thereof August 3, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Linchester Cemetery
Location Preston, Md.

18. Funeral director J. Harvey Williamson
Address Federalburg, Md.

19. August 6 1946 C. D. Plummer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1946 at 7:15 p.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 10 1940 to July 31 1946
and that I last saw h. er alive on July 21 1946
Immediate cause of death cardiac failure
due to constrictive action of DURATION 2 mos.
generalized carcinomatosis
particularly in the left pleural
cavity 4 mos.
scirrhous carcinoma of left
breast with metastasis 5 yrs.
Other conditions diabetes melitus 2 yrs.

(Include pregnancy within 8 months of death)
Major findings of operations _____ Date of op. _____
Autopsy results none
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) _____ (County) _____ (State)
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____

23. SIGNATURE C. D. Plummer M. D. or other _____
Address PO Box 94, Preston, Md. Date signed 8/6/46

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 7 1946

BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age of deceased is shown on Film No. 106 - 7/24/46 is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of age **MARYLAND STATE DEPARTMENT OF HEALTH**

of deceased is shown on

Film No. 106 - 7/24/46

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

Reg. Dist. No. 1686262

1. PLACE OF DEATH:

County Caroline
 City or town Denton Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Rural Denton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAMEHenry Alexander**3. (b) Social Security Number**Shoemaker4. Sex M 5. Color or race Wht 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Harry C. Coale7. Birth date of deceased (mo., day, yr.) Sept. 28 - 1867 8. (c) If alive, give age 76 years8. AGE: Years 78 Months 7 Days 10 If less than one day _____ hrs. _____ min.9. Birthplace Virginia
(Town, county, and state)10. Usual occupation Farmer11. Industry or business Same12. Name Benj. A. Shoemaker13. Birthplace Virginia14. Maiden name Sally Elliott15. Birthplace Virginia16. Informant Paul T. ShoemakerAddress Denton, Maryland17. Burial Date thereof July 9, 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory DentonLocation Denton, Maryland18. Funeral director Virgil Moore & SonAddress Denton, Maryland19. July 9 19 46 Dr. W. B. Johnson
(Date rec'd by registrar) Registrar**MEDICAL CERTIFICATION**20. DATE OF DEATH 6 July, 1946 19 46, at 1 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 7, 1944 to July 6, 1946 and that I last saw him alive on July 6, 1946

Immediate cause of death

arteriosclerosis of coronary arteries

DURATION

3 yr

Due to _____

Due to _____

Other conditions

Generalized arteriosclerosis5 yr

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE Dr. W. B. Johnson

M. D. or other _____

Address Denton, Md Date signed 7/9/46

RECEIVED
JUL 12 1946
BUREAU V. E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-0

CERTIFICATE OF DEATH

Reg. Dist. No. 2

1. PLACE OF DEATH:

County..... Caroline
 City or town..... near Habbs, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 30 yrs.
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Maryland County..... Caroline
 City or town..... near Habbs
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Annie Porter Smith

3. (b) Social Security Number

4. Sex

7

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Thomas C. Smith

7. Birth date of deceased (mo., day, yr.)

January 3, 1875

6. (c) If alive, give age..... years

8. AGE:

71 6 19 hrs. min.

9. Birthplace

Burrville, Caroline, Md.
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

12. Name..... Charles Porter

13. Birthplace

Maryland

14. Maiden name

Margaret Garrett

15. Birthplace

Maryland

16. Informant

Thomas C. Smith

Address

Habbs, Maryland

17. (Burial, cremation, or removal. Which?)

Burial

Date thereof

24 July 1946
(month) (day) (year)

Cemetery or crematory

Denton, Maryland

18. Funeral director

Dr. W. B. Johnson

Address

Denton, Maryland

19. 7-24-46

(Date rec'd by registrar)

Dr. W. B. Johnson

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... July 21..... 19 46..... at 5 pm..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 26..... 19 37..... to July 21..... 19 46and that I last saw him/her alive on..... July 21..... 19 46

Immediate cause of death

Cerebral Hemorrhage

DURATION

33 days

Due to

Hypertension
and arteriosclerosis10 years

Due to

Pneumonia Endocarditis
mitral stenosis and regurgitation1926Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.....

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... Dr. Paul Knotts mdAddress..... Denton, Md..... Date signed..... 7/24/46

RECEIVED
JUL 25 1946
BUREAU OF A. E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93-d

16864

CERTIFICATE OF DEATH

Reg. Dist. No. 66

1. PLACE OF DEATH:

County... CarolineCity or town... Near Ridgely
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 1/2 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... 2nd County... CarolineCity or town... Near Ridgely
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widower

6. (b) Name of husband or wife

Ernest Whit Smith

7. Birth date of deceased (mo., day, yr.)

July 28th 1856

8. AGE:

Years 89 Months 11 Days 26 It less than one day

9. Birthplace

Near Ridgely
(Town, county, and state)

10. Usual occupation

Merchant

11. Industry or business

Rosa Smith

12. Name

Delaware

13. Birthplace

Ernest Gibbons

14. Maiden name

Delaware

15. Birthplace

Near C. S. HalsingerAddress Rd. Ridgely 2nd17. Buried (Burial, cremation, or removal) Which? Date thereof 17-28-46
(month) (day) (year)Cemetery or crematory Ridgely CemeteryLocation Near Ridgely18. Funeral director J. Virgil EdwardsAddress 10 DuPont End19. July 28th 46 J. D. Davis
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25th 1946 at 5:10 P. M.

21. CERTIFY that death occurred on the date above stated; that I attended deceased from

April 1, 1946 to July 24, 1946and that I last saw him alive on July 24, 1946Immediate cause of death Myocardial Infarction

DURATION

10 yrsDue to Chronic MyocarditisDue to Generalized Atherosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lois White M.D.Address Ridgely Ind Date signed 7/28/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93-2

06865

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH:

County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State..... County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)

Street No.....
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife

6.(c) If alive, give age

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years Months Days If less than one day

9. Birthplace

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. (Burial, cremation, or removal. Which?) Date thereof

Cemetery or crematory

Location

18. Funeral director

Address

19. (Date rec'd by Registrar)

Registrar

Address

MEDICAL CERTIFICATION

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him/her alive on

Immediate cause of death

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

Date signed

1946

RECEIVED
JUL 11 1946
BUREAU OF

ARTS & CRAFTS LEDGER

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 19-2

CERTIFICATE OF DEATH

06866

Reg. Dist. No. 60

1. PLACE OF DEATH:

County... Caroline
 City or town... Henderson Rural
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Ind County... Caroline

City or town... Henderson Rural
 (If outside city or town limits, write RURAL and give nearest town)

Street No.
 (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Edward Tzschoppe

3.(b) Social Security Number

4. Sex M5. Color or race W

6.(a) Single, married, widowed, or divorced

married6.(b) Name of husband or wife... Mary Eelen6.(c) If alive, give age 73 years7. Birth date of deceased (mo., day, yr.) June 17 - 1865

8. AGE: Years 81 Months 1 Days 9 If less than one day
hrs.min.

9. Birthplace... Germany
 (Town, county, and state)10. Usual occupation... Farm

11. Industry or business

12. Name... Unknown13. Birthplace... Unknown14. Maiden name... Unknown15. Birthplace... Unknown16. Informant... Walter Richard TzschoppeAddress... Livingston Va

17. Burial, cremation, or removal, (Which?) Burial Date thereof July 29/46
 (month) (day) (year)

Cemetery or crematory... GreensboroLocation... Greensboro, Md.18. Funeral director... Raymond B. RawlinsAddress... Greenboro Md.19. 7/27 19 46 a black Smith

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... July 23 - 19 46 at 8:30 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1942 to 1946and that I last saw him alive on 7/25 19 46Immediate cause of death... Cerebral Hemorrhage DURATION 4Due to... Arterial SclerosisDue to... HypertensionOther conditions... Exhaustion

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. G. Silver M. D. or otherAddress... 6000 Park Rd Date signed 7/27

RECEIVED
AUG 5 1946
BUREAU V.R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

CERTIFICATE OF DEATH

Reg. Dist. No. 3

1. PLACE OF DEATH:

County CarefreeCity or town New Denton
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarefreeCity or town New Denton
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2(a) If veteran, name war _____

3. (a) FULL NAME

Alice Wayman

3. (b) Social Security Number

4. Sex F 5. Color or race Col 6. (a) Single, married, widowed, or divorced widowed

6. (b) Name of husband or wife _____

8. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) May 30, 18648. AGE: Years 82 Months 11 Days 9 If less than one day _____ hrs. _____ min.9. Birthplace New Denton, Caroline, Ind.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business _____

12. Name Warner Bates13. Birthplace Maryland14. Maiden name Mary Lewis15. Birthplace Maryland16. Informant Joshua WaymanAddress Queen Anne's, Ind.17. Burial Burial Date thereof 22 July 1946
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory SandtownLocation Hillsboro, Ind.18. Funeral director J. Virgil Moore & SonAddress Denton, Ind.19. 7-24-46 Dr. W. B. Johnson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19, 1946 at 8 p M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

June 15, 1946 to July 19, 1946and that I last saw him alive on July 15, 1946Immediate cause of death Cerebral arteriosclerosis

DURATION

2 years

Due to _____

Due to _____

Other conditions General arteriosclerosis10 years

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Dr. Paul H. Hoots M.D.

M. D. or other

Address Denton, Ind. Date signed 7/23/46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 486

CERTIFICATE OF DEATH

Reg. Dist. No. 3-62

1. PLACE OF DEATH:

County.....Denton
 City or town.....Denton
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....MD County.....Caroline
 City or town.....Denton
 (If outside city or town limits, write RURAL and give nearest town)

Street No.....
 (If rural, give LOCATION)

2.(a) If veteran, name War.....

3. (a) FULL NAME

Anna Price Wilson

3. (b) Social Security Number

4. Sex

7

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

George Herbert Wilson

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

Dec. 29, 1879

8. AGE:

Years

Months

Days

If less than one day

6668

..... hrs.

..... min.

9. Birthplace

Denton, Caroline, Md.
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

12. Name

William Price

13. Birthplace

Denton

14. Maiden name

Eliza Andrew

15. Birthplace

Denton

16. Informant

Address

Julia WilsonDenton, Md.

17.

(Burial, cremation, or removal Which?)

Date thereof

July 10, 1946
(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

Denton, MarylandVirgil Moore & SonDenton, Maryland

19.

(Date rec'd by registrar)

19.

Dr. W. B. Johnson

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 746 9 pm

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 15

19.

44

to

July 7

19.

46

and that I last saw him alive on

July 6

19.

46

Immediate cause of death

Carcinoma uterus

DURATION

a year

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Paul H. Smith MD

M. D. or other

Address

Denton, Md

Date signed

7/9/46

